FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY F	PAGE		FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Or	ganization)		(Rev. 12/2005)	REPORT
DECAUTE COUNTY DENECKATIC CO	ENTER COMMITTEE	F	For Office Use Or Comm. #	4056
IMPORTANT: Indicate by # type of committee you are reporting fo (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School (11) Local Bailot Issue	or: (2)State PAC (3)State Party		Logged In S	
CANDIDATE COMMITTEES ONLY:			/ Iddited	
Candidate Name	Political Party (if applicable)		800
Office Sought	District (if Senate or House)	Q.	20 HILLS
Late reports are subject to possible civil and criminal penalties. F and the chairperson, for any other type of committee is the indiv	Pursuant to lowa Code section 68B.3: idual responsible for filing timely and	accurate re	eports.	didate's committee,
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	C	DATE SIGNED	
AM FILING A	Indicate b	y # [<i>C</i>]	mmittees, enter Dat	
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3. d.)		Local Committees,	enter County in
STATEM	ENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is to	cash on hand at the end	\$	D _C :	795. <u>36</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD			7 (115 25
Schedule A: Cash Contributions total (Attach Sched	dule A) (*also see in-kind below)		0,9	-6 /c
Schedule F: Loans Received total (Attach Schedule	F)			
Schedule H: Total Sales of Campaign Property (Atta	ach Schedule H)			
(Schedule H applies to Candidates' Com	mittees Only)			- 66
	SUB-TOTAL	\$	5, 0	160.
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			16 1	23 28
Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule B)		•	-4,1	762.61 23.28
CASH ON HAND at the end of this reporting period (if final reporting period) (Attach DR-3)	port balance must			38.83
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	dule E)	\$	6:	77-\$
**OUTSTANDING LOANS (From Schedule F - Attach Schedu	ıle F)	\$	-	
CONSULTANT BREAKDOWN (Schedule G Attached?)		_	YES 🏂	NO .
CANDIDATE COMMITTEES ONLY:				

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

 $\underline{\textbf{STATE COMMITTEES:}} \ \ \text{Submit a reconciled campaign account bank statement in January of each year.}$

For Instructions, See Back of Form

SCHEDULE Reset Form CONTRIBUTIONS -- MONEY TAKEN IN Α MONETARY (Including candidate's personal funds) (Rev. 07/03) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM A WARE COUNTY DEMOCRATIC CENTRAL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	T 1
(MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	V IF FOR FUND-RAISER
7-21-10	ID# CK#	KEITH THOMPSON		\$ (14 %)	INCOME
	ID#	MANCH DS TER, IA RECEIPS FROM		\$100,00	
7-31-10	CK#	BENERADE FUNDRAGER STAND ON 7-27-10		6280	
9-9-10	ID# CK#	SALE OF LEFTUVER. REVERAGES FROM FUNDRAISEM	2	- 25	
	ID#	STAND AUCTION OF DONATION IN	<u> </u>	24025	
10-3-60	CK#	KIND ITEMS AT 10.3.10 FUNDRAISER		730.型	_
10.3-10	ID# CK#	MIKE ROLING EARLVILLE IA		100.00	<u></u>
10.3.10	ID#	DAVID WERNER 3274 GUNSTON RD			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CK#	ALEXANDRIA, VA 22302		50.00	
10.3.10	CK#	MANCHESTER, IA		1000	c
10-3-10	ID#	DONATIONS MADE BY "35"		-2	
10.510	CK#	FUNDAMISER, ALL GATRIBUTERS IN THIS LISTING UNDER #850.5	,	5199	
	CK#	IN THIS LESTING UNDER #850	20		
	ID#				
	CK#				
			SUB-TOTAL	2500 25	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
l l	CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY DEMOCRATIC CENTRA COMMITTEE

	ME COUNTY	DEMOCRATIC LENTRA LC.	MA (1) 75 6	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7.20.10	ID# CK# 1004	DELLA MULL HOPKINTON, FA	STATE CONVENTION FEE REIMBURSMENT	\$ 40cc
7.20.0	1003	ANDY COLEMAN FOR SUPERVISOR DECHI ZA	CONTRIBUTION TO ELECTION CAMPAIGN	Daar ce
7.20.6	CK# 1006	EXPRESSIONS BY "EM" MANCHESTER, IA	DEMOCRATIC PARTY BANNER	487.88
7-28-60	ID# CK# 1007	SAMS CLUB. Duba Que IA	CATORADO Y WATOR FOR FUNDRASING STAND	762.20
7.29.10	CK# 1008	CASH	CHANGE FOR FUNDRAISING STAND	500,00
9-2.6	ID# CK# (009	IST DISTRICT DEMOCRATS WATERLOW, FA	DONATION FOR CONG. BRALEY REELECTION FUND	150,00
	CK# 1001	ROB HERMSON MANCHES TER, RA	MUSIC FOR 10.3.10 PARTY FUNDRALSER	50, de
10.3.00	CK# 1012	DELAWARE COUNTY REC.CENTER MANCHESTER, IA	HALL RENT FOR 10.3.00 FUNDRALSER	1050
			SUB-TOTAL	2 2

1-UNDRACS C.	
SUB-TOTAL	\$ 1795.5
TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	,		5
Page	 	of	

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
	CHECK THIS BOX IF AMENDING FORM			

County DEMO CRATIC CENTRA DELAWARE COMMITTEL CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE** AMOUNT ID NUMBER DATE **EXPENDITURE** (DESCRIBE TRANSACTION) EXPENDED **EXPENDED** (if applicable) (Disbursement) WAS MADE AND PAC (MM/DD/YR) CHECK NUMBER ID# JOHNSON MIKE 10.3.10 MUSIC CK# 1013 PARTY 10-3-0 PARKERS BURG, IA FUND RASER ID# HAROLD BLATT REMBURS MENT FOR 10.15.00 ADVERTISING AND CK# ENTERMAINMENT EXPENSES FOR 10.3 D FUNDRAISER MANCHESTER IA ID# BRALEY FOR 10.15.60 CONTRIBUTION TO CON OR 585 CK# ELECTION CAMPAGN 1015 MIATERLOW, IA ID# Concin CONTRIBUTION 10.15-10 U-S. SENATE CK# 1016 CAMPAION ELECTION DES MOINES IA ID# 10.15.10 CULVER FOR CONTRIBUTION TO CK# 1017 GOVERNOR ELECTION CAMPAGE DES MOINES, IA ID# 6.1570 ROGER THOMAS FOR CONRIBATION TO CK# (018 DOWN STREP.

> SUB-TOTAL \$ 2128.20 TOTAL (if last page of this schedule)

ELECTION CAMPAGA

CONTRIBUTION TO

ELECTION LAM PAIGA

E-E-TION CAMPAGON

CONTRIBATION

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

10.15.00

10.1510

ID#

ID#

CK# 1019

CK#1020

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

ELKADER IA

DELHITA

ANDY CLEMAN TELL

THICKE FOR DOWA

FARFIEZD ,TA

SECY OF AGRICULTURE

DELAWRE LO. SUPU

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

	7		2
Page	~	of	

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME (M	fust be same as on S	tatement of Orga	nization)		
DELAWARE	_		_ *	COMM 17	

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT
EXPENDED (MM/DD/YR)	(if applicable) AND PAC	(Disbursement) WAS MADE	(52551152 114114576 11614)	EXPENDED
	CHECK NUMBER			
10.15.6	ID#	MURPHY FOR FORA	CONTRIBUTION TO	
15.60	CK# (0 2)	STATE AUDITOR DESMOINES IA	ELECTION CAMPAIGN	\$ 50,00
10.00	ID#	FITZGERALD FOR	CONTRIBOTION TO	
10.15.10	CK# 1022	I OUA STATE TREASURER, DES MOINES FA	ELECTION CAMPAGN	50,00
10.15.00	ID#	MILLER FOR ICKUA	CONTRIBUTION TO	-0
- 10	CK# 1073	ATTERNEY GENERAL DES MOINTS TA	ELECTION (AMPAGN	50/00
1000	ID#	MAURO FOR DOWA	CONTRIBUTION TO	
10.15.60	CK#1024	SECY OF STATE DES MOINES DA	Er Er Mon CAM PAGA	SUPE
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			Transmitted to
	ID#			
	CK#			

SUB-TOTAL \$ 2000 TOTAL (if last page of this schedule) \$ 111 73 78

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 3 of 3

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY DEMOCRATIC CENTRA COMMITTEE

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
☐ CHECK THIS BOX IF AMENDING FORM	

DATE					
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
10-3.10	MIKE ROLING EARLUILLE IA		RASPECRAES, WHPPED (A EAM (AKE	\$	CONTRIBUTION
10.3-10	MANCHES TER DA		CUP	10,00	_
10,3.10	RUTH LEW. NANCHESTER DA		CURTES	5.50	
10.3.10	RITA LEW, MANCHESTERIA		courtes	5. œ	-
10.3.10	MANCHESTER IA		RICE KRISAD BARS Y BROWNIES	10 co	<u> </u>
10.3.10	MARIAN MCGRANE MANCHESTER FA		BOWLS SPANS	8 00	
(Ø · 3 · 10	MANCHESTER IA		2 BANNA BARS Y 2 PIES	16. co	0
03.10	MANCHESTER, IA		2 P.E.	16,00	
10.3.10	MAGGIE O'CONNER MAGGIE O'CONNER TUDY HANDS		SHEET CANE V LEMONADE	12 00	0
W-3-10	DECHI, IA		PUMPKIN BARS	12-04	<u></u>
			SUB-TOTAL		

TOTAL (If last \$ page of this schedule)

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE OUNTY DEMOCRATIC CONTRAL COMMITTEE

E	
(Rev. 06/97) CC	IN KIND NTRIBUTIONS

DATE RECEIVED		RELATIONSHIP	DECORPTION		
(MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
10.3.10	DIANE BLATT		CUP	\$	CONTRIBUTION
	MANCHESTER, IA		CAKES	14 9	
10.3.10	BETTY KRUST		STEW	- do	
	CREEN IA	,		20,00	_
1013.10	BILL LESTER		05	(7) do	
	MANCHESTER, IA		PIE	12.00	<u>-</u>
10.3.10	LOIS MIGHTINGALE		Pumpum	a Chi	
	DUNDES, IA		BARS	10,00	
10-3.10	PHYLLIS HILLERS		COUKIES	of on	
	MANCHESTER IA			8.00	_
10.3.00	ROD SCHRECT		BROWN ES	n 00-	
	MANCHESTER, IA		DROWNES	10.00	
10.3.10	DAN Mc GRAW		RICE KRISPIE	(de	
	MASONULLE IA		BARS	6 de	
6.3.10	VULENA NEYER		PIE	5 Ch	
	DELM, IA		CAKE	12° cm	
10-3.10	Juby HAYNES		PUMPKIN	- 1 .	
	MANCHESTER, IA		BARS	1000	
10.3.10	SUE WOOLDRINGE		MAIL	10,00	
	MANCHESTER, IA		BOX	101-	
			SUB-TOTAL	\$ 115,00	
			TOTAL (if last	\$	

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Page of (for Schedule E)

page of this schedule) COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY DEMOCRATIC CENTRAL COMMITTED

SCHEDULE	
E	IN KIND
(Rev. 06/97)	CONTRIBUTIONS
CHECK AMENE	C THIS BOX IF DING FORM

DATE		DELATION OF US			
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
10.3.10	HERMAN SCHRECK		GREETING	\$	CONTRIBUTION
	MANCHESTER, IA	,	CARDS	10.00	-
10,3.00	HANK BRAMMAN		Tave- Lottons	-10	
	MANCHESTER IA KEITH THOMPSON		BATH SUAP, TOWELS	10,00	4
10.3.10	KEITH THOMPSON		CHOPPER	1 261	
	MANCHESTER JA	·	BLENDER	10,00	<u></u>
10,3.10	LOIS MONTINOALE		TABOR		
	PHYLLIS HILLERS		CHERRY	9 00	_
10.3-10	PHYLLIS HILLERS		XMAS	a.	
10,3.10	MANCHESTER, IA		COUNTE	1200	c
10,3.10	SUE WOOLDRIGE		PLACE MATS	1 600	
10,5.60	MANCHESTER, IA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10, So	
103.10	ESTELLA MICHELS		WINE		
	MANCHESTER, IA		BOSKET	45000	
40 7 16	RITA LEWIN			~ 1 M	
10:3.16	MANCHESTER, IA		QuiLT	80 gl	
10.3.10	Ruttl Low. a		CHEESE	. 1	
10,5.00	MANCHESTER, IA		BOARD	- 2 2h	c
10.3.10	SUE WOOLDRIDGE		FALL	-1	
(0.320	MANCHESTER IA		BASKET	5,00	
			SUB-TOTAL	\$	
•		•	ĺ	216.00	

TOTAL (If last page of this schedule)

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Page _____of _____

COMMITTEE NAME (Must be same as on Statement of Or	ganization)
DELALADE CO - A	

SCHEDULE	
(Rev. 06/97)	IN KIND CONTRIBUTIONS
☐ CHEC	C THIS BOX IF
Δ NAŒNIΓ	DING FORM

DATE					
RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION	ESTIMATED	√ IF FOR
(MM/DD/YR)	OF CONTRIBUTOR	* (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET	FUND-RAISER
	BRUCE BRALEY		WING GLASSE	VALUE	CONTRIBUTION
10.3.00	P.O. BOX 3 20		+ CAPITUL		
·	WATERLED, IA			75%	
. 3	VULLE HOOKER		BLDG TOUR		
10.3.00	THE THOURDS		SLEEPING	α.	
	MANCHESTER, IA		B46	1500	-
	VallE HOOKER				
10.3.00	Valle modern		AMMO	20,00	
	MANCHESTER, IA		BOX	201	,
10.3.10	TOM HANCOCK		SCREW DRIVE	2 ,	
	EPWARTH IFA		SET	Wis	4
	TOM HANCOCK	-			
1013-10	101-1 111/12 30-12		Tau L +		
	EPWERTH IA		FLASHLITE	10,00	0
	HAROLD BLATT		19505 TU		
10/3.10			SCRAP	10,00	
	MANCHESTER, LA		BOUT	101	
1 - 0	HAROLD BLATT		TERRY		
10.3.10			RIDLINS	1100	
	MANCHESTER, IA	'	AMBRICAL	60,00	
	HAROLD BLATT		PICTURE		
10.3-10	MINICOS 10 CATA		CARTON	2 020	_
	MANCHESTERIA			10,00	
			MATS		
10.3.0	HAROUS BLATT	1	EOW A SOUVINGER		
10,50	0. 1 01/ 2 7.	1		· 10 cm	
	MANCHESTER, IA		SPEUN	101	
16.3 16	HAROLD BLATT		MANERESTER		
10.3.10] .	ANNIUGRSARY	20,9	
	MANCHESTER, IA		Bar		
			SUB-TOTAL	\$	
			1	24019	
			Į.		

TOTAL (If last \$ page of this schedule)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ____(for Schedule E)